STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	8	4.05
47	9	2

(t <u>\$</u>)	1,	= STATE REGISTRAR			ERTIFICATE OF	DEATH	REG. N	0.	0	2 0
099072		CEASED NAME FIRST	4	B/c	ick bur	n	Manch	28	1985	9 15 BA
ige 4 mar rector, pa	3 SI	EKALE	4 RACE HHIT	E	DATE OF BIRTH MONTH DAY	YEAR	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
death. Pe	200	COUNTRY ERLAND, Md.	76 CITIZEN OF W	v		DIVORCED 🛛	9 BALTIMORE CITY C		OF DEATH	MC
by the filed with	0	AKLAND, Hd.	CUPPET	SPITAL, NURSING FACILITY, GIVE STREET ADD T- HSEKE	NURSIN	g HOHE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O housewif	F WORKING LIF	E) INDUSTRY	home
filled in conditions of the co	13a.		llegany	ive residence before add 36. CITY OR TOWN Cumber1	and YES 🛛	NO 🗌		zip code	k Road/	′21502
complete	1	James Cochra		66 JOLIAL SECURIT	M	FIRST SOPH			JOH!	JSON
ton and its. Pages		(YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	705-12-26	90 Mr.		C. Klavuhn,		The second second	
ertificate Ban pape removal		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per li ED BY: TE CAUSE (m)	Myoca	rdial	Trosus	Picienca		Ro	MATE INTERVAL DINSET AND DEATH
a death of a move confination, or troumation	100	Conditions, if any, which	DUE TO, OR	Intenio	3clerov	lie Cl	1 Des		yr	,
of w. r. that the desserential, creminal, creminal		cause (a), stating the underlying cause last.	93	as a consequenc					0	
require tr. Then piar ta bu	NTION	PART 2 OTHER SIGNIFICANT								
The law icion. te has bissit permissit permission p	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	21b. TIME OF	ON FOR WHICH OP			20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
NG PHYSICIAN: The low retained physicion of the this certificate has been of the buriol-transit permit. In and Mental Hygiene print and Amental Hygiene print orked or frem 18 showeretyrist	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY	YEAR 19		ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
ING PHI r attend After this as the b ith and A	MEG	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		T, FACTORY OFFICE FARM	211 LOCA STR		CITY OR TO	WN	COUNTY	STATE
ATTEND ospital o ECTOR: y ed for use of of Hea	1	22a I certify that (1) (this hasp saw the deceased alive an abave, (1) (we) (did) (did no	- Mar x	1985		y) (aur) apinian d	eath accurred an the di	ate and hou		
ITAL OR by the hy RAL DIRI e detache state Dep	4	77h SIGNATURE	hanth	י כמ	DEGREE	The state of the s	MEDICAL STAI		3- 3-	28-85
OSP ned b TUNE Id be		224 PHYSICIAN'S HAME TIVE	OR PROVIDE		22e ADDR	E22				

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

03-30-1985 Hillcrest Burial Park

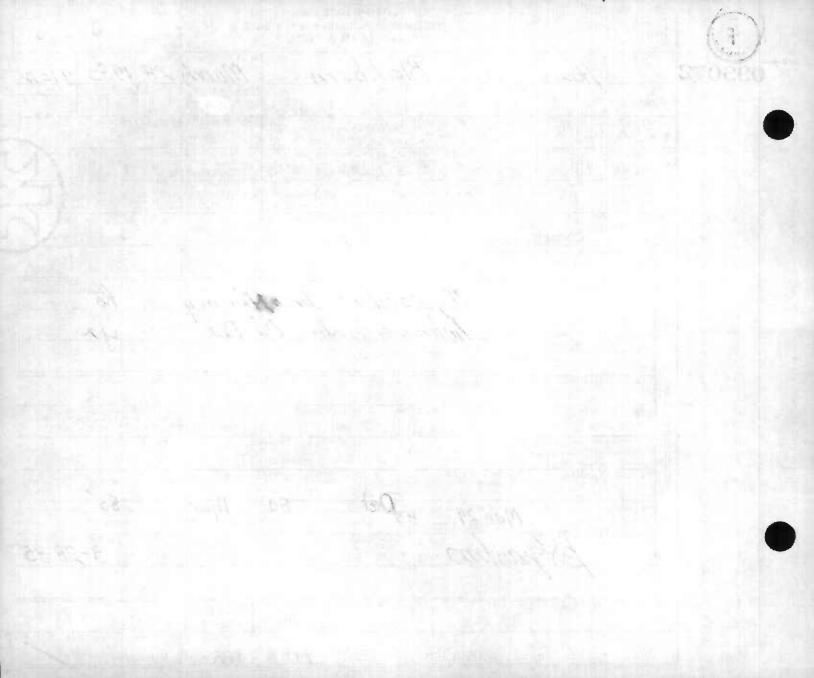
23c NAME OF CEMETERY OR CREMATORY

Cumberland

Allegany

James F. Scarpelli, Cumberland, MD 21502

23b DATE



Film G603 ite	em 5
1 - STATE 5/14/85	rja

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	Arm.	0	Q	2	6	"
2	3	()	Q	43	0	6

- STATE 5/14/85 r	ja		CERTIF	FICATE OF DEATH	REG. N	NO.				
1. DECEASED NAME FIRST	^	AIDDIE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	UR
Ethel	Marg	aret		FMAN	March 20,		_			50A
3. SEX	4 RACE		5. DATE (6 AGE (IN YEARS LAST B	RTHDAY)	MONINS	R I YEAR	HOURS	R 24 HRS
Female	Wh	ite	May	7, 1915	69	YRS				
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARDIE	D NEVER MARRIED &	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
West Virginia	US	A	WIDOW		Garre	tt				M
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT				FBUSIN	ESS OF
Oakland				, Apt. #26	Housewife		LIFE) IND	USTRY	ne	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS Highview	/ ZIP COI	-			215
14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA.	ME MIDDIE			LAS		
Mead		Coffman		Julia	MIDDIE			Hi		
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	ADDR	RESS				
(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	215-76-3	8621	Mrs. Anna Gr	oves, Fred	erick	sbur	g, V	Ά	
18 CAUSE OF DEATH (Enter of	inly ane cause per	line far (a), (b), and	dici.i	< 1			В	APPROXI	MATE INTE	RVAI D DEATH
PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)		->/c	fire tal	re			der	15	
Canditions, if any, which gave rise to immediate couse (a), stating the	(b)	R AS A CONSEQUE		(AsHw =	= HF		(15	,	
underlying cause last	(c)					1000				
PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	C O C	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION G	IVEN IN I	PART 10	1	
3 190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE			
H H	(3)				YES NO NO		IFYING (AUSES	NO [
00 000 000 000 000 000 000 000 000 000	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART) OR	PART 2)		
OR CONTRIBUTING CAUSE OF DI 21d. INJURY OCCURRED AT WORK NOT WHITE AT WORK NOT WHITE AT WORK NOT WHITE	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			21f LOCATION STREET	CITY OR 1	OWN	COI	UNTY		STATE
22a. I certify that (1) (this base saw the deceased alive a abave, (1) (we) (drd) (did n	3/15	19 9	500	nd that in (my) (907) apınian (ta 20 death accurred an the c				that (1) (
22b. SIGNATURE	4	0	(10.00)	DEGREE			22	. PATE	SIGNED	
Transaction date	+11			ATTENDING PHYSICIAN	MEDICAL STA	CIAN [3	121	10	

Dr. Thomas Johnson, MD 230 BURIAL, CREMATION, REMOVAL 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Deer Park Cemetery

311 N. Fourth St., Oakland, 21550

24 FUNERAL DIRECTOR

(SPECIFY)

Bradley A. Stewart

burial

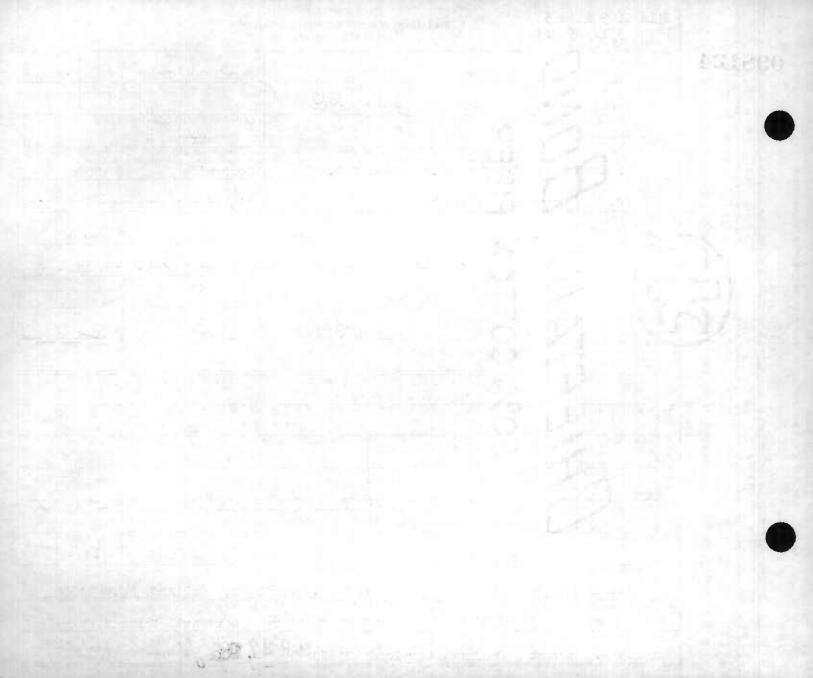
Oakland, Maryland

3/23/85

21550 MA

ery Deer Park, Garrett, Maryland
DAIR REC'D. BY REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

1 0 0	STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	DAY YEAR	In water	
	OR PRINT)		WIDDLE		A51	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
	Alb	bert B	urt	FRIEN		March 2, 1985		540 A	
3 SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	HOURS MIN.	
	Male	Wh	ite		h 20, 1908	76 Y	RS		
	IRTHPLACE (STATE OR FOREK		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH		
1	Maryland		SA	WIDOWE		Garrett		MD	
III C	Oakland	(IF NOT IN SUC	H FACILITY, GIVE STREE	TADDRESS)	ial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Truck Driver	ING LIFE) INDUSTRY	of Business or y Roads	
	AL RESIDENCE (IF NURSING H	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP (CODE		
	Md.	Garrett	Oakla	na	YES NO X	Route #5, Box	8 86	21550	
H. F.	ATHER'S NAME FIRST	MIDDLE	LAST		FIRST	WE	LAS	ST.	
	Leroy		Friend		Zelphia		Kno	x	
	Conditions, if ony, wh gove rise to immedi- couse (o), stoting	CAUSED BY: MEDIATE CAUSE (a) DUE TO, O which diote	RAS A CONSEQUER AS A CONSEQUER	UENCE OF	Zailure Compromise of the Lune			mate interval conser and death in tiles	
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOL YES [1]						AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
	71a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E.	SE OF DEATH HOUR A	DE INJURY M. MONTH (DAY YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY IN ITE	M IB PART (OR PART 2)		
	21d INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
MEDICAL	WHILE NOT WHILE AT WORK								
MEDIC	220 1 certify that (1) (this	nis hospital) attended th	~ "	M	2 1984 and that in (my) (our) opinion	to		that (we) lost	

BP DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detach MPORTANT

Bradley A. Stewart

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

burial

3/4/85

23b DATE

Dr. Thomas Mance, DO

23c. NAME OF CEMETERY OR CREMATORY

Third St., Oakland, Md.

21550

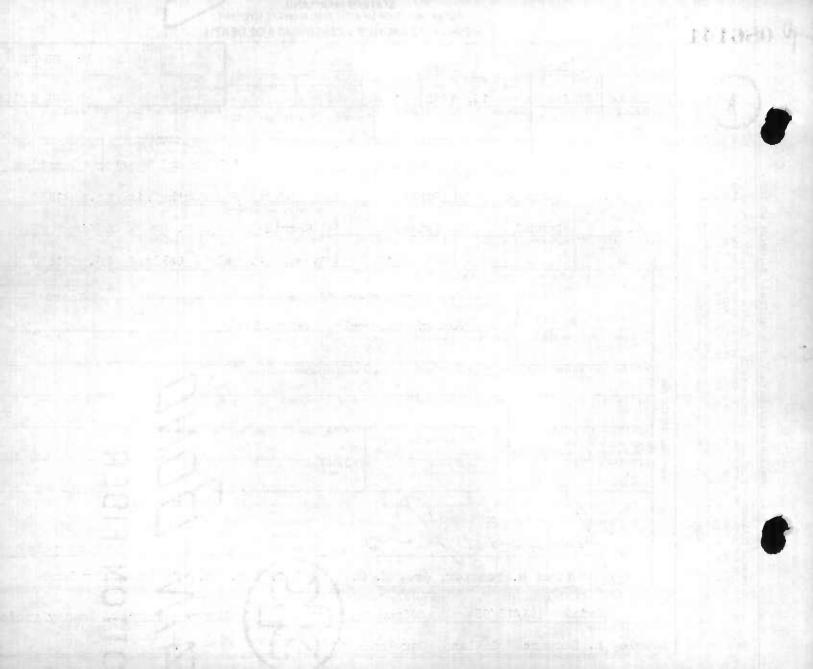
24 FUNERAL DIRECTOR

Oakland, Maryland

Garrett Co. Mem. Gardens Oakland, Garrett, Maryland

250. DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATION

DEDARK	STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE 0 8 5 6 4
- STATE	AMINER'S CERTIFICATE OF DEATH REG. NO.
1. DECEASED NAME FIRST MIDDLE	LAST ZO. DATE KNOWN X MONTH DAY YEAR 26. HOU
Icie Glee	FRIEND OF ESTI- 3 12 85 7A
3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR	GETIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR 20. HOL
Female White June 15, 1893	AST BIRTHDAY) MONTHS DAYS FIGURS MIN. PRONOUNCED DEAD 3 12 19 85 1215
BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUN	8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland USA	WIDOWED DIVORCED D
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NU 11. NAME OF HOSPITAL, NU 11. NAME OF HOSPITAL, NU	IG HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
Oakland Route #5, B	468 High School Teacher Education
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 130. STATE 136. COUNTY 136.	
	and YES NO 2 539 South Third St. 21550
14. FATHER'S NAME FIRST MIDDLE	15. MOTHER'S MAIDEN NAME , MIDDLE LAST
J. Bunnel Fr	
168. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT ADDRESS
	4-1203 Raymond R. Welch, Oakland, Md. 21550
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b PART I DEATH WAS CAUSED BY:	d (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
IMMEDIATE CAUSE (a). Coron	y artery disease Years Years
Canditions, if any, which	
gave rise to immediate (b) Arter	sclerosis, generalized "
cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CON	NUENCE OF
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.
	O THE TERMINING STREAM OF THE PROPERTY OF THE
196 DATE OF OPERATION 196 CONDITION FOR 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION WAS PERFORMED? 20. AUTOPSY?
	YES NO E
210 EXTERNAL CAUSE WAS 216. TIME OF INJURY	21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
UNDERLYING OR HOUR A.M. MONTH	Y YEAR
214 INITIDY OCCUPPED 216 PLACE OF INITIDY	THOME, 21 LOCATION STREET CITY OF TOWN COUNTY STATE
WHILE NOT WHILE STREET, FACTORY, FARM, E	CHI ON TOWN COURT
220 I certify that look charge of the remains described abo	Autopsy . Inspection X Inquiry K, and in my apinion
death resulted from Natural causes X, Accident	Suicide . Hamiside . Undetermined manner .
6 1 - 1	TITLE (SPECIFY)
SIGNAPHIE 4	M.D. DEPUTY MEDICAL EXAMINER SIGNED 12-1985
(TYPE OR PRINT) James H. Feaster, C	ADDRESS
23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)	E OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
humin 3 2/15/05 2	
	ison Cemetery Addison, Somerset, Pennsylvani
24 FUNERAL DIRECTOR NAME Bradley A. Stewart Oakland,	250 DATE REG D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE)



098173

	1.	FOR STATE REGISTRAR		DEPARTMENT O	TATE OF MARYLAND OF HEALTH AND MENTAL F TIFICATE OF DEATH	1	. NO.	856	35
		CEASED NAME FIR		Leo	Garlitz	20 DATE OF DEATH		1985	0010 a _M
	3 SEX	x Male	4 RACE White		TE OF BIRTH 26 AY 1931 EAR	6 AGE (IN YEARS LAS	BIRTHDAY) YRS	MONTHS DATS	IF UNDER 24 MRS HOURS MIN.
5		RTHPLACE (STATE OR FOREIG COUNTRY) Maryland	USA	WIDO	RRIED NEVER MARRIED	Garret	t Co.	TY OF DEATH	MD
5	1	Oakland	Garret	t Co. Memor	-	120 USUAL OCCUP	ATION STOE WORKING NET	LIEE) IZB. KIND C INDUSTRY Coal	OF BUSINESS OR
5	130 S	Md. G	COUNTY	RESIDENCE BEFORE ADMISSI CITY OR TOWN KITZMILLER	134 INSIDE CITY LIMITS	PO. Box	613	21538	
7	14 FA	Harry Ro	xford G	arlítz	Annie	NAME	F	Robertson	ň
/	16a V	VAS DECEASED EVER IN U		215 26 9273		Garlitz Ki	tzmill	ler,Md.	21538
		18 CAUSE OF DEATH (En PART I. DEATH WAS C	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH					
		Canditians, if any, whi	the	Herrs					
		gove rise to immedia couse (a), stating t underlying couse la	he DUE TO, OR A	S A CONSEQUENCE CO	- // V	n Month			THs.
	NOIL	PART 2 OTHER SIGNIFIC	ia Liver 1.	Hiluse, K	enal Failure			250.11	
2	CERTIFICATION	3 - 20 - 89	f Carcin		20a AUTOPSY? YES NO	INCER	YES, WERE FINDIN TIFYING CAUSES YES [
1	MEDICAL CE	21g, ACCIDENT WAS UNDERLYIE OR CONTRIBUTING CAUSE (IF EITHER NOTIEV MEDICALEX	OE DEATH HOUR A.M. AMINER) P.M.	MONTH DAY YE	AR 19	CURRED (ENTER NATURE OF	NJURY IN ITEM 1	8 PART ! OR PART 2)	
	MED	WHILE OCCURRED NOT WHILE AT WORK	21e. PLACE OF	EACTORY OFFICE FARM ETC		CITY O	TOWN	COUNTY	STATE
			hospital) attended the dive on	22	ond that in (my) (our) opin	on death occurred on the	dote and h	our and from the	that (we) last couses stated
		22b. SIGNATURE	haucer	a	DEGREE ATTENDING PHYSICIAN		TAFF SICIAN []	3/2 DATE	SIGNED 2

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Hamill Cemetery

Oakland, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

24 FUNERAL DIRECTOR
David A. Burdock Kitzmiller, Md 21538

3-27-85

236 DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

T. Mance

23a BURIAL, CREMATION, REMOVAL

Burial

APRIL 1886 gulis Davidson Anders

Garrett

Md

Ritzmiller



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	8	5	6	6

		REGISTRAR	CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME	TED ITAME		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
	(TYPE	OR PRINT)	is	Inc	ille	GLOTF	ELTY	March	29,	1985	9:30 am
	3 SEX	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
d]	Female		White		June		55	YRS	MONTHS DATS	MIN.
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	A A PRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
2	-	W. Va.		USA		WIDOWE		Garrett			MD.
Ž.	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
d		akland			rett County Memorial Hospital			Counselor			h Dept.
2	13a. S MC	AL RESIDENCE (IF NURS STATE d.	13b COUR	VTY	Oakland		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRES. Memorial			
2	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	
Z.]	Lawrence	200		Burger		Clara			White	
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS	12.5	
	-	No			214-28-	-6778	Jack Glotfe	lty - same	as 13	3	
		18 CAUSE OF DEAT			r line for (a), (b), a	nd ic.				BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)						risc		V	CVS
				DUE TO, O	R AS A CONSEQU	ENCE OF				A	
	59	Conditions, if ony, which (b) Droucho cenic Let							4 9	no	
		gove rise to immediate couse io, stating the DUETO, OR AS A CONSEQUENCE OF									
		underlying cause	lost	(c)_							
	7	PART 2 OTHER SIGN	VIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART I	o
	CERTIFICATION										
2	ICA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE			OF DEATH?
	RTIF							YES NO		res 🔲	NO 🗆
7		OR CONTRIBUTING		21b. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN	IJURY IN ITEM 18	PART I OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINE	Р.	м.	19					
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY	FARM ETC)	21f LOCATION STREET	CITY OR	NWOI	COUNTY	STATE
		AT WORK LAT WO	8K			0		19/10	1		
		220.1 certify that (1) saw the decease		1.4.		se	19 89	10_10	529	-	that (1) (we fast
	60	abave, (1) (yel) (c	did) (did no				nd that in (my) (ger) apinian	death accurred an the	date and ho		
		22% SIGNATURE DEGREE ATTENDING MEDICAL STAFF								22c DATE	SIGNED
	- 8	PHYSICIAN					PHYSICIAN			710	. 0)
				ohnson,	MD		Fourth Stre	ot Ool-la	nd W	beefeer	21550
-	220 0	BURIAL, CREMATION,				NIAME OF C	EMETERY OR CREMATORY	123d LOCATION	nd, Ma	aryland	21550
	130 6	SPECIFY) Burial	KEMOVAL					CITY OR TOWN		COUNTY	STATE
	24 FL	JNERAL DIRECTION	Mul	1011	85 Os	Tand	Cemetery	Oakland E REC'D. BY REGISTRA	R 25h REGIS	STRAP'S SIGNAT	Md.
		- NAME	eral	Home	Dakland	Marwl	and 21550 PR (14 1985	11	A. D.	1.00 ·
		-di so run	- L. C. L.	TOUR .		THE AT	min stond (- 1000	CONTRAIN	TOR CONTENTS	Market in

DHMH - 16 60M 7/84 (VRA 15, 4)

20, 1985 2:501	of special		STEEL STEEL	of firm	i a	la.
	in it such	Carlo F	.3 mm		* 7	Permile
	file elic ()		X	1		.67 .7
w fealth Dept.	Connsele	Indirect	feiron	edit Compty.	elia (hentife)
office orients	itere in		Y.	6mgDie0	of about	.54
etin		3719	~)	er ye e eet		9000°
n as 13	100 mg 77 [a part de		211.25		0.1

60

Thomas G. Johnson, L.D. Sturin Student Oskland, Maryland 21830

Burini Sylvin Colland Gradeny Caliond Correct Ma.

Burin Funeral None Caliond, Maryland 21850

074127 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MICOLE LAST 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR (TYPE OR PRINT) Virginia 2:30 PM Vernie GROVES March 5, 1985 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHOAY IF UNDER 1 YEAR Dec. 11. 1917 White Female BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Garrett WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES INDUSTRY Garrett Co. Memorial Hospital Oakland Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE AGMISSION) Mt. Lake Park 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Garrett 106 Pocahantas Street 21550 YES X NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Willaim JOHNSON COGLEY Ida Alice Howa.rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Box 293 Rt. 3 TYES NO OR UNKNOWN) No Mrs. Jean Noland Deer Park, Md. 21550 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF 3 wk. Canditians, if any, which Grangrenous gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M. 19 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 NOTWHILE 228.1 certify that (1) (4hrs haspital) attended the deceased from and that in (my) (our opinion death occurred on the date and have and from the causes stated 776 SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

TO FUNER should be d with the Sto

DHMH - 16 60M 7/84 {VRA 15, 4} Burial 3/8/8

22d PHYSICIAN'S NAME TYPE CHAPTER

236 BURIAL, CREMATION, REMOVAL

236 NAME OF CEMETERY OR CREMATORY
Pleasant Valley Cem.

22 ADDRESS

(rural) Cakland Garrett

Garrett Md.

Durst Funeral Home Oakland, Md. 21550

23b. DATE

2:30P	annr , a devent	enon '	ninivil" po	inem?
	70	Dec. 11, 1017	9,52,517	Perale
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79.7			DESTRUCTION DESCRIPTION	mloffH
N. J. A. J.	1.19 Lateral report http://	C HAN . O'GL COTTO	C Andreadan Salar	

Annat America Jorea

(aldand, 10. 21350

Persont Valley Ogn. (rural) Calland Rayett Md.

5	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYO	REG. NO.	3 0 0
083085		OR PRINT) SHAD		HAI	SILL	20 DATE OF DEATH MONTH	1 85 6:10 PM
age 4 mg	3 SE		White	S DATE C	DAY YEAR .	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
deoth. Purerol de		RTHPLACE (STATE OR FOREIGN COUNTRY) Md. ITY OR TOWN OF DEATH	75. CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL, NURS	WIDOWE		9 BALTIMORE CITY OR COUN Garret 120 USUAL OCCUPATION	
by the filed with		Cumberland AL RESIDENCE (IF NURSING HOME O	CUMBERLAN	5 / U	RSING Home	School Tea	industry acher
uted within 24 hou completely filled in	130	STATE 136 COU	SarrettKitzmi	WN	13d. INSIDE CITY LIMITS? YES NO 1	Main Street Address Street	eet 2/538
omplete ond 2		Edward J.	Ham:		Maude	ADDRESS	Browning
Pages		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 212-38		David A	Burdock Kitzr	miller. Md.
retrificate b mg physicion bompopers: remaval.		PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), c ED BY: TE CAUSE (a)	rel	premit	2 a	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
he death cer e attending e attending matian, or re	8	Conditions, if ony, which	DUE TO, OR AS A CONSEQ	JENCE OF	45 15 15		
2 4 4 5 5 5 5		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	JENCE OF			
equires equires Then plan pluny, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		
TYSICIAN: The law reding physician. Is certificate has been burial-tronsit permit. Mental Hygiene prior frem 18 shows ony or frem 18 shows ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: The ng physicic certificate unal-tronsit tentol Hygic them 18 sho		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
IVISION Offendin Ter this of the bund Mend or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI or prital or 1708. A for use of Heal		22a. I certify that (I) (this hasp saw the deceased alive ar obove, (I) (we) (did) (die	ital) attended the deceased from	gr .01	nd that in (my) (our) opinion	death accurred on the date and h	, 19 , that (I) (we) last your and from the causes stated
		22b. SIGNATURE	llus	1	ATTENDING PHYSICIAN [MEDICAL STAFF	3/1/85
TO HOSPITAL retoined by th TO FUNERAL should be detected with the Store		22d. PHYSICIANS NAME	12Mos		200 ADDRESS S	chlest. a	infeilail.
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	3/4/85 23c	NAME OF C	EMETERY OR CREMATORY 11	Kitzmille	r Garrett Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME Avid A Burde	ADDRESS OCK Kitzmill	er. M	M.	AR 6 1985 Sun	ISTRAR'S SIGNATURE

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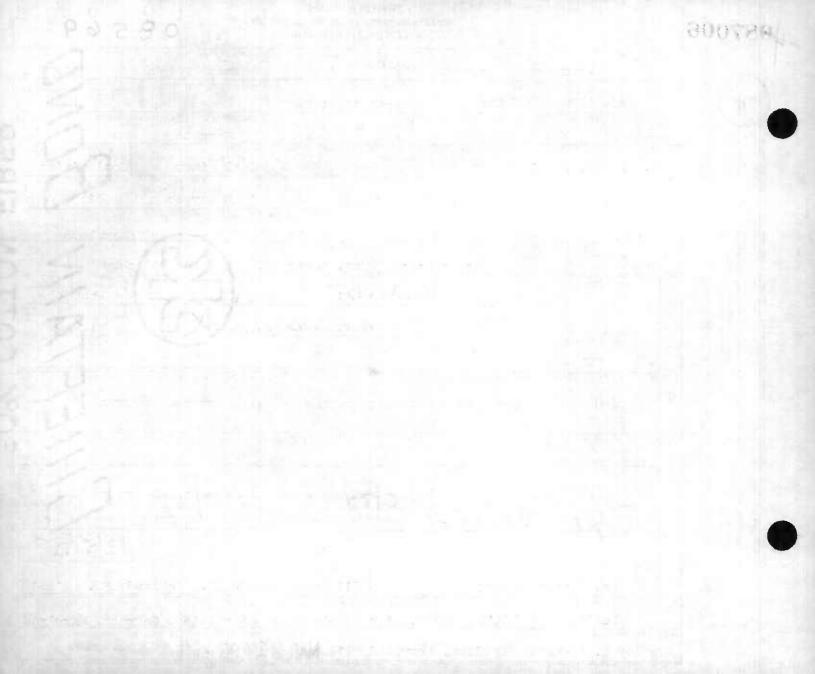
I. DECEASED (IYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	8	5	6	9	
EG. NO.	8	5	6	9	

		REGISTRAR			CERTIN	TEATE OF BEATT	REG. NO).			
1		CEASED NAME FIRST	N	NDDLE	1/3	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	2
	{TYPE	Lawren	ce Ev	erett K	ENT		March 2,	1985		1103	P M
1	3. SE)	X	4 RACE	1,100,5	S. DATE C		6 AGE (IN YEARS LAST BIRT				
П	16	Male	White		Apri	1 13, 1925	60	MONTH DAY YEAR 26 HOUR 1985 1103P IRIHDAY) IF UNDER 1 YEAR IF UNDER 24 HR WONTHS DAYS HOURS MIP YRS OR COUNTY OF DEATH IT IN 126 KIND OF BUSINESS OF WORKING LIFE) OF WORKING LIFE) OF WORKING LIFE OF WORK		MIN.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY OF		OF DEATH		
2		country)	USA		WIDOWE		Garrett				MD.
7	_	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINES	
Λ	M	Mt. Lake Park	14 B St	reet	T ADDRESS)		Coal Mine			Minin	q
7		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR			La expera apporce	TID CODE		- 3	
2		Md. Gar	rett	Mt. Lak	ke Par	YES 📉 NO	14 B Stree		21	550	
1	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	T	
E		John		Kent		Della			Sharpl	ess	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS			
		No		216-18-1	1018	Mrs. Bertha (C. Kent, See	#13		-1-30	
1		18 CAUSE OF DEATH (Enter or	nly one couse per	line for rol, this or	nd ici	1.10	· / A		BETWEEN	MATE INTERV	ZEATH
		PART I. DEATH WAS CAUSE	ID BY: TE CAUSE (a)	N	retz.	stopa (VA		M	soft	71
-1	30		DUE TO OF	AS A CONSEQU	JENCE OF				1	16	
		Conditions, if any, which	((b)			Cal Mr 1	3one	-3/	19	V >	
		gave rise to immediate cause (a), stating the	DUE TO OF	AS A CONSEOU	IENCE OF						
		underlying couse last.	(6)	AS A CONSCO	SEIVEE OI						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVE	N IN PART 10	0	
	CERTIFICATION	The Section 125									
)	CAT	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?				
	TIFE						YES NO X				17
-	CER	210. ACCIDENT WAS UNDERLYING		FINJURY	DAY VEAD	21c. HOW INJURY OCCURR	RED LENTER NATURE OF INJUR	IN ITEM 18 PAR	RT 1 OR PART 2)	7	-
	AL	OR CONTRIBUTING CAUSE OF DE-	VIII.		19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE (OF INJURY		211 LOCATION	CITY OR TO	VN	COUNTY	51	ATE
	X	AT WORK NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE,	, FARM, EIC)		-1-		-		
		22a.l certify that (I) (this Josp	ital) attended the	deceased from.	C	19	_, to	1	10	that (I) (w	flost
		saw the deceased alive an above, (I) (ye) (did) (did no	7 2 1	atter death		nd that in (my) (par) opinion	death occurred on he do	te and hour	and from the	couses star	ted
		22b. SIGNATURE	1 1 1	/		DEGREE		77-11	22c DATE	SIGNED	
		-			An-	ATTENDING PHYSICIAN	MEDICAL STAF		312	182	
		22d PHYSICIAN'S NAME (TYPE	ORPRINT)			22e ADDRESS					
		Dr. Thoma	s Johnso	n, MD		311 North Fo	ourth St., (aklan	d, Md.	215	50
		BURIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	(burial	3/5/8	5 Mt	. Zio	n Cemetery	Kitzmille	. Gar			
		UNERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE	2.14
	D	NAME Chorre	0=1=	ADDRESS		a DAFFARAD D	1 MOC. 1.1.	Kariba	1 Mande	002	

DHMH - 16 60M 7/B4 (VRA 15, 4)



David A. Burdock Kitzmiller, Md. 21538

Mabe1

FOR

REGISTRAR

Lucinda

I DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

THE OF PENT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Kimble

20 DATE OF DEATH

REG. NO. MONTH

18/85

IF UNDER 1 YEAR

2h HOUR

12b. KIND OF BUSINESS OR

21538

YES [

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

a Dounday Am Hands

COUNTY

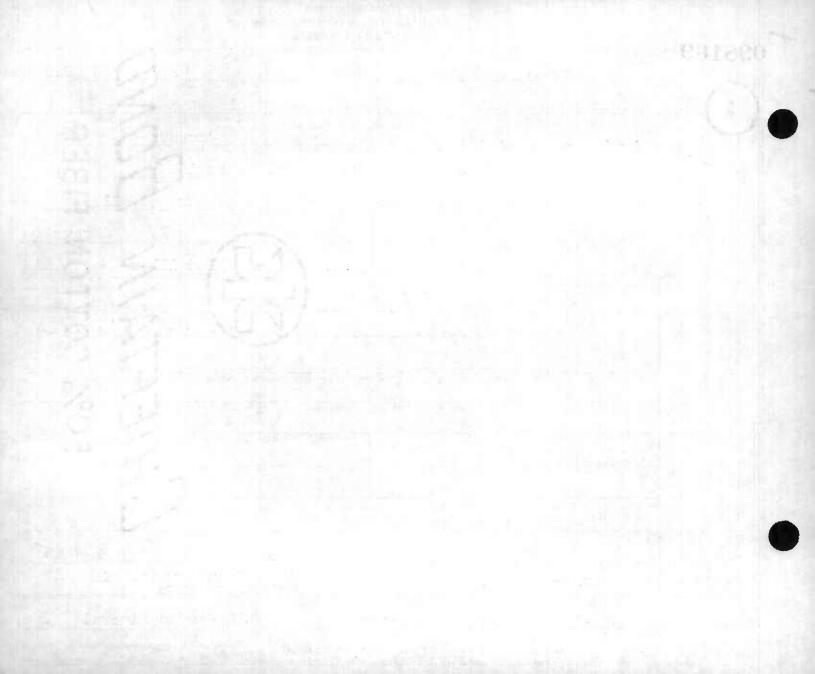
22c DATE SIGNED

Shreve

Md. 21538

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE



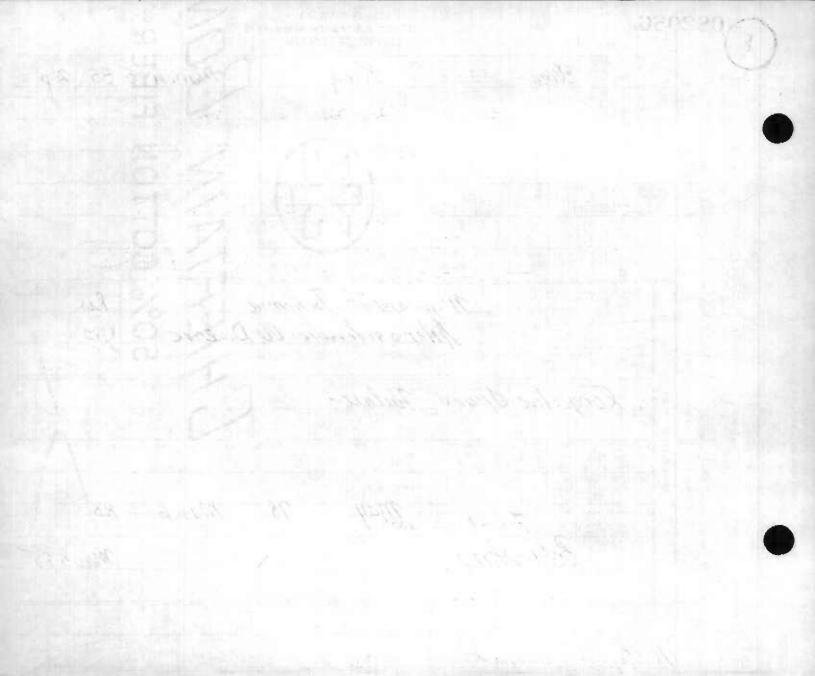
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENI

CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT Alverta 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) YEAR Female White To BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWEDE DIVORCED Garrett County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET A ODRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Cuppett-Weeks Nursing Home Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Friendsville Garrett Star Rt. Box YES T NO X 21531 15. MOTHER'S MAIDEN NAME Lafavette DeWitt Theresa Savage 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Star Route. Box 7 16b SOCIAL SECURITY NO 17 INFORMANT IYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) No 212-38-5897 Howard King, Friendsville, MD APPROXIMATE INTERVAL BELIVEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an Feb 27 obave, (1) (we) (did) (did not view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME IT THE COMPRINT 22e ADDRESS B.L. Grant, M.D. Oakland 23a BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 3-8-1985 Friendsville.

DHMH - 16 60M 7/84 (VRA 15, 4)

Grantsville, MD



STATE OF MARYLAND

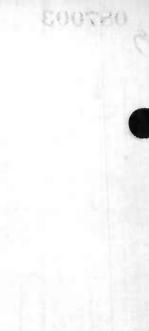
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	DECEASED NAME FIR	51	MIDDLE	į.	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	Erce	ell N	May	MIL	LER	February 28, 19	985	650 A M
3. 5	SEX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
	Female	Wh	nite	Sept	. 29, 1911	73 YRS		HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN O	F WHAT COUNTRY	? 8		9 BALTIMORE CITY OR COUNT		
	Canada		USA	WIDOWE	DEVER MARRIED DEVORCED	Garrett		MD.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
	Oakland		UCHFACILITY, GIVE STREET		ial Gardens	(TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE) INDUSTRY	mo
	UAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFO	RE ADMISSION)	.,			ine .
130		COUNTY Garrett	13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI		
14	FATHER'S NAME	sallett.	Mt. Lak	e Park	15. MOTHER'S MAIDEN NA	705 N St., Ap	t. #14	21550
1	FIRST	WIDGIE	LAST		FIRST	WIDDLE	LAS	
1	John WAS DECEASED EVER IN U		Niche 166 SOCIAL SEC		Mabel 17 INFORMANT	ADDRESS	Wils	on
100	(YES, NO OR UNKNOWN) (IF	(ES GIVE WAR OR DATES)	100 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
	No		268-14-	6807	Mrs. Joyce E	Peck, See #13		
	18 CAUSE OF DEATH (En	AUSED BY-			N Frihm		BETWEEN	MATE INTERVAL
1	1MM	EDIATE CAUSE (a)_	10190	CANIDO	2 Thelin	<u> </u>	UN	73
1			OR AS A CONSEQU				40.0	2.2
1	Conditions, if any, whi gave rise to immedia		CARin	exim			1000	oura
	cause (a), stating t underlying cause la	he DUE TO.	OR AS A CONSEQU	JENCE OF	of the	R.	1	nily
		(c)_						
z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART THE	а
CERTIFICATION								
80	190 DATE OF OPERATION				N WAS PERFORMED		ES, WERE FINDIN	
1 2	12/83		vain Tus	nn		YES NO	YES 🗌	NO •
	OR CONTRIBUTION CANEE	110110	OF INJURY A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
18	LIFEITHER NOTIFY MEDICAL EX		P.M.	19				
MEDICAL	214 INJURY OCCURRED		E OF INJURY	EARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
5	AT WORK NOT WHILE		STREET, FACTORY, OFFICE,	, rann, ere j				
	220.1 certify that (1) (this			12	19 3-3	, ta	. 19 85	that (15(we) last
	saw the deceased ali	ve on	- 28 19	85-, an	d that in (m) (aur) apinion	death occurred on the date and ho	uu and fram the	causes stated
	226 SIGNATURE	1 -	.0	(DEGREE		22c. DATE	SIGNED
	100	auce	(2)		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/	28/85
1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	/		??e ADDRESS			,
	Dr. A. E.	Mance, M	ÍD		3rd. St., Oa	kland, Md. 2155	50	
230	BURIAL, CREMATION, REM	OVAL 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Cremation	3/2/	'85 R	inhau	er Crematory	Dittehurch Al	COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTUR Bradley A. Stewart

Oakland, Maryland



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		3.		Pensie in
			۵	Pownsylvania
Morevitie Out Free				
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mouth	neo felf	mol	.7.	Armatata
Aurhaugh - same as 13	C. Proplet	and the state of t		

erdal 2/17/65 Find Consters Weredule Squerect Dame.

079170

REGISTRAR

DECEASED NAME

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DEAT

HIL	REG. NO.					
	20 DATE OF DEATH MO	HIM	DAY	YEAR	26 HOL	JR
	March 1, 19	985				,
	6 AGE (IN YEARS LAST BIRTHD	AY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
YEAR			MONTHS	DAYS	HOURS	MIN.

(Contribution	Bessie	Elizabe	th	Ringer	March 1,	1985		
3 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
Female	White	2	2-	-24-92 YEAR	93	YRS	ON HS DAYS	HOURS MIN.
BIRTHPLACE (STATE ORF	U.S. +		WIDOWE	DIVORCED	9 BALTIMORE CITY S		Qr.	M
Oakland		CH FACILITY, GIVE STREET	ADDRESS)	l Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE		OF BUSINESS OF
SUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION PRESTOR	GIVE RESIDENCE BEFORE	α	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 417 High.	Street	20	5764
14 FATHER'S NAME Pares	MIDDLE	Vilhelm		15 MOTHER'S MAIDEN N. Almeda	AME	Ha	rdestŷ	ST
160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	236-72-7		Freda Knigh	t, 417 High West V.	irginia		54
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse pe AS CAUSED BY: IMMEDIATE CAUSE (0)	r line for (a), (b), one	ture	Heart Fo	ailure		APPROX BETWEEN	ONSET AND DEATH
Conditions, if ony, gove rise to immore couse to the couse to the couse underlying couse	which (b)_ nediote g the DUETO, C	DR AS A CONSEQUE	an	diten	Disease		0	
				NOT RELATED TO THE TER				
190. DATE OF OPERA. NON 210. ACCIDENT WAS UNK		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
210. ACCIDENT WAS UNE		OF INJURY M. MONTH DA	AY YEAR	214 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT 1 OR PART 2)	

LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from... sow the deceosed alive on above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

22e ADDRESS

MEDICAL

230 BURIAL CREMATION, REMOVAL Burial

23b DATE

23c NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery

23d LOCATION CITY OR TOW erra Alta Preston.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRESS erra Alta,

and the said the said of the s Level Killedown was the war to the same the was and

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	8	5	7	15
	_			

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.						
ı	I DECEASED NAME FIRST	MIDDLE	-	AST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR					
١	(TYPE OR PRINT) Grace	Alice	SAV	/AGE	March 17, 1985	200A M					
1	3 SEX	4 RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS					
	Female	White	Jul	y 28, 1906	78 YRS.	MONTHS GATS HOURS MIN.					
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF WHAT COUL	MARRIE WIDOWE	D NEVER MARRIED	Garrett	Y OF DEATH					
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	- (2)	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR					
	Oakland	Garrett Coun	ty Memor	ial Hospital	Housewife	Home Home					
	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR Md. Gar	NTY 13c CITY O		13d. INSIDE CITY LIMITS? YES NO X							
	14 FATHER'S NAME FIRST Jacob	MIDDLE LA	st efer	15 MOTHER'S MAIDEN NA/ FIRST Nettie	WE	Friend					
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	rrrend					
ı	(YES, NO OR UNKNOWN) (IF YES, GIV	220-	16-2680	Clifford Sava	age, Oakland, Ma	ryland 21550					
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		THOILE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes.					
	Conditions, if ony, which gove rise to immediate couse to), stating the		no VASCE	la Disens		years.					
	underlying couse lost	DUE TO, OR AS A CON	Er idscl	notic Cowious	scular Dis Esse	years.					
		CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART To					
1	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\) NO \(\)					
	On convenience [] cover on on	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
	OR CONTINEUTING CAUSE OF DE-	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	220.1 certify that (this hasp	16 MAN	110111	nd that in (my) (our) opinion of	death occurred on the date and ho	19					
	22b. SIGNATURE	t) view the body ofter death.		DEGREE		22c. DATE SIGNED					
	/ 5 5	auce / FD			MEDICAL STAFF DIRECTOR PHYSICIAN	3118/85					
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT[4.40	22e ADDRESS							
		s Mance, DO		Third Street	A CONTRACTOR OF THE PARTY OF TH	land 21550					
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE					
	burial	3/19/85	Pleasan	r Valley Cem.	Oakland, Garr	ett, Maryland					

21550V

Oakland, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that it retained by the hospital or attending physician.

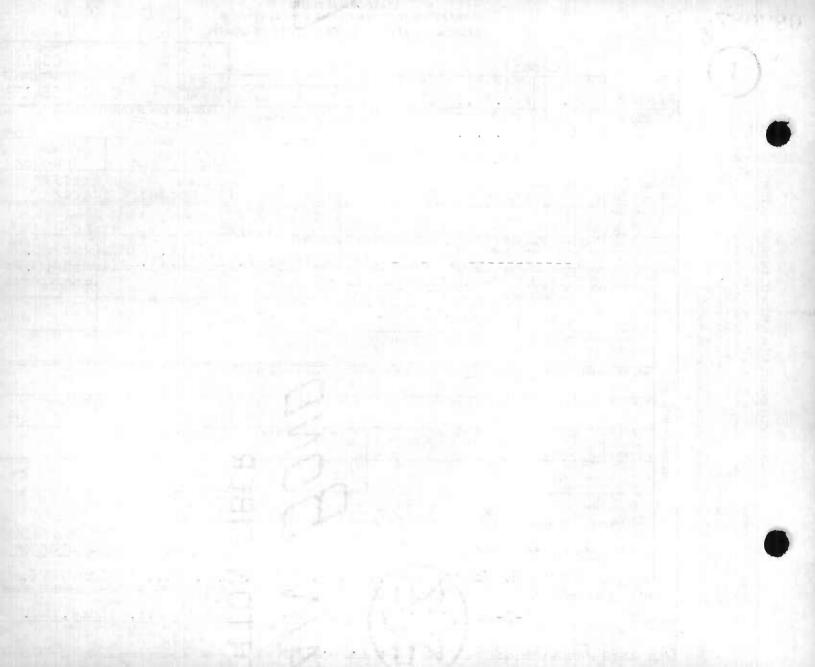
TO FUNERAL DIRECTOR, After this certificate has been signed by it should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, cre.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

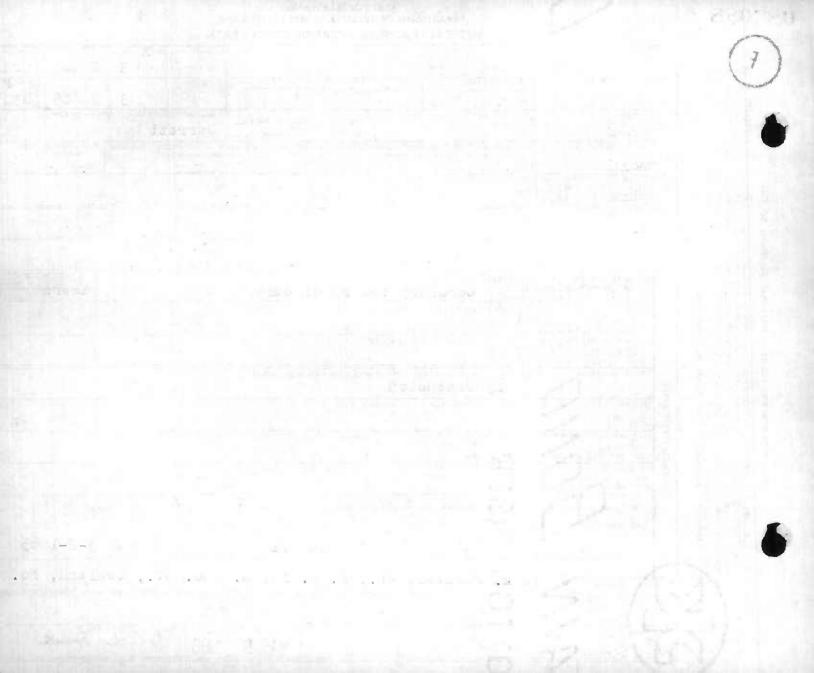
Bradley A. Stewart

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 082087 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN OF ESTI-(TYPE OR PRINT) Smith Lenora Agnes & AGE (IN YEARS IF UNDER 1 YR. 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED 85 111 Female Dec.30, 1888 96 YRS Cau. 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Garrett West Virginia U.S.A. DIVORCED WIDOWED Dennette Road Manor Nursing Home Home Working Life OR INDUSTRY 10. CITY OR TOWN OF DEATH Oakland Own Home OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21540 Luke 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany 113 Cromwell Street Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Schade Place Virginia George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? W. Hampshire St. William 213-74-4773 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: Coronary artery disease BETWEEN ONSET AND DEATH FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG N OR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT HE STRITE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis, generalized 11 Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 20 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? NO X YES 🗍 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22a I certify that shook charge of the remains described above, held on Autopsy TITLE (SPECIFY) DATE 3-4-1985 EXAMINER NAME James H. Feaster, Jr., M. Des 107 S. 2nd. St., Oakland, Md. 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 1236. DATE y Westernport, Alleg,
250. DATE REC'D. BY REGISTRAR'S SIGNATURE 3-7-85 Philos Cemetery Burial BP. **DHMH - 17** Fredlock Funeral Home Piedmont, W.Va. (VR A15 ME (5))



CHIEFED

082088 /	FOF				DEDART	STATE MENT OF HI		ARYLAN		À CIEN	ME	n	8	7	9	
5	- STA					EXAMINE				400		050	10			
	I. DECEA	SED NAME	FIRST		MIDDLE		LA	ST	DATE C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20. DATE	REG		H DAY	YEAR	2h HOUR
Tal Se	(TYPE OR	PRINT)	Gary	Δ	andrew	7	TAT	ILAND)		OF DEATH	ESTI- MATED		2	185	6P M
ECESSARY NERAL DIRECTOR YOUR FILL FOR YOUR FILL MITHING STREET	3. SEX	4	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	NDER TYR. IF UNDER 24 HRS. 2c. DATE MON						H DAY		2d HOUR
ARY, DIRECTOR STATE ON ST	Male	7 9	White		1945	39 YRS.	MONTHS	DAYS	HOURS	MIN	PRONOUI DE AC		3	2	185	830
A SALAN A SALA	7a BIRTH	PLACE (STATE	TE OR	76 CITIZEN OF W		ITRY? 8	MARRIET	D NEV	VFR MARR	IED 🕏	9 BALTIA	AORE CIT	Y OR COU	NTY OF	DEATH	
	Mary	rland	72 - 1	US			VIDOWE		DIVORC	ED 🗆		ret				MD.
ATH. IF ANY DELAY IS NECESSARY, IS 1, 2, AND 3 TO THE FUNERAL DIRE AM 3. RETAIN PAGE 5 FOR YOUR ND 2 SHOULD BE FILED. WITHIN 72 FOR YOUR PRESTON S.	10 CITY	OR TOWN O	FDEATH	TI. NAME OF HO	ACILITY, GIVE S	TREET ADDRESS)	OR OTHER	RINSTITUT	TION	12a. USI FOR	MOST OF WO	PATION RKING LIFE)	(TYPE OF WOR	OR INDUSTRY		
DELAY N PAGE SOS: 2014		coning		Rt. 1, Box 96 (RURAL GARRETT CO) Carpenter										Car	pentr	·y
21201 ANY E AND 3 RETAIN HOULD RECORD	13a STAT	E	113b COUNT	TY	13c CITY	ORTOWN	13	ad. INSIDE CI			EET ADDR					
APA REST		land	GARR	ETT	Lon	aconing		YES .	NO 🔀			Box 9	96 2	21539)	
DEATH. IF		ER'S NAME	E	1wood	Wila	LAST	"	_	IRST	ENNAME	A	AIDDLE	1	0	LAST	
NO SEE SEE	Ide WAS	DECEASED	EVER IN U.S. ARA	AED FORCES?		CIAL SECURITY N	10.	7 INFORM	ra			zabet	n 188x 96	Gar	litz	
ORDS, 201 W. PRESTON ST., BALTIMORE, MD E EXECUTED WITHIN 24 HOURS AFIER DEATH. I DING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, DICAL EXAMINER ALONG WITH FORM PM 3, A BURIAL - TRANSIT PERMIT. PAGES TAND 2, FIN AND MENTAL HYGIENE, DIVISION OF WITH EMATION, OR REMOVAL.	(YES, N	Yes	Viet	nam		44-8980		Ora E	. Wi	land.			ng. M		21539	
URS. URS. DIVI	18	CAUSE OF	DEATH (Enter anl	y ane cause per line	e for (a), (b)), ond (c).)					LOTA	200111			APPROXIMATE	
PRESTON ST TITHIN 24 HOU CIL IN ITEM 11 VER ALONG ANSIT FERMI REMOVAL.	X	PART I DEA	TH WAS CAUSED	E CAUSE (a)	oron	ary ar	tery	dis	seas	0				Y	e all a	AND DEATH
STO N 24 N 11 A A LC A A V CA				DUE TO, OF	R AS A CON	SEQUENCE OF										
VITHI VITHI VERNI RANI REF	000	gove rise	, if any, which to immediate	(b)		the time										
201 W UTED V IN PER EXAM EXAM EXAM ON, OI		lying couse	toting the <u>under</u> -	DUE TO, OR	R AS A CON	ISEQUENCE OF										
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F VITAL RECORDS, 201 V TE SHOULD BE EXECUTED WORD "PENDING" IN PE WORD "FE CHIEF MEDICAL EXAM PE USED AS A BURIAL." FEN FHEATTH AND MAL." THEATTH AND MAL."		NI I OTHER SION	THE STATE OF THE S	Нуре	rten	sion	L UISTAST U	K COMOIIION	GIVEN IN PA	KI (0).						
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DI THIS WARE PAGE 21201	A'	WORK -	AT WORK			7				C300						
A P P P P P P P P P P P P P P P P P P P			101	e of the remains de		rh/	Autopsy		Inspectio	n 🔼 ,	Inquiry	A , _	ond in my	apınion		
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORWATTO FUNERAL DIRECTOR: NAFTER DEATH, WITH THE STAND 2	EX (T)	PE OR I INT	AME Jame	s H. Fe	aste	r, Jr.	, III	D.	107	۵.	2nd.	, 50	٠, ٠	KKT #	and,	Md.
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(VR A15 ME (5)) 20M 4/82	14.	Mil	and her	vivae	Grant	sville,	MIN		391771	D	1200	U				



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000			STATE REGISTRAR				MEI	DICAL	EXAMI	NER'S	CERTIF	ICATE (OF DE	ATH	REC	5. NO.				
		I. DEC	EASED NAME		FIRST			MIDDLE			LAST			2a. DATE			MONTH	DAY	YEAR	26 HOUR
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8553	H	I SEX		4. RACE	John	IS DATE	Hiawa OF BIRTH	atha	I AGE IN	WITTE FARS DE LI	TAMS NDER 1 YR.	IF UNDER	D 24 HDS	2c. DAT			3 AONTH	2 DAY	19 85 YEAR	930AM
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製造品	3 4		ACTUAL	10.				-	4	-0		(SPECIFY)					DATE			
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15 4 Z	200		EXAMINER'S	NAMET.		11 17														
EXECUTE PAGE 4 5	AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		EXAMINER'S (TYPE OF PRIN	1T) J	ames l	п. г	easte	r, Jr	., M.	D.	ADDRES	07 S.	2nd	St.	, 0a	klar	id,	Mar	ylan.	
252	4 8	23a. BL	JRIAL, CREMA	ION, RE	EMOVAL 2	36 DATE		23c. N	NAME OF CI	METERY	OR CREMAT	TORY	23d LC	OCATION			COUN			ATE
P				uria	1	3/4	/85	Ga	rrett	Co.	Mem.	Garder	ns Oa	klan	d. G	arre			ryla	nd
DHMH	. 17	24 FL	INERAL DIREC	TOR			ADDRESS	5742	1112			25a. DATE	REC'D. B	Y REGISTR	AR 256 F	REGISTI	RAR'S'S	IGNAT	ÜRE	
R A15 A		Br	adley	A. S	Stewar	rt		ind,	Maryla	and :	21550	100	4	- 0		4				
2044 4	/82	-												Trans.	4	-	-	-		

1 5 11

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

> 5. DATE OF BIRTH MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

March 8, 1904

MARRIED NEVER MARRIED

DIVORCED TO

REG. NO						
DATE OF DEATH MONTH	DAY		YEAR	2b HOL	JR .	٥
mar. 9		0	15	12	300	
AGE (INTERESTANT BIRTHDAY)			RIYEAR	IF UNDER	24 H/S	
81 YRS	MO	NTH5	DAYS	HOURS	MIN,	
BALTIMORE CITY OR COUNT	YO	F DE	ATH			
Garrett County					MD	
O USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING (I			KIND O USTRY	F BUSINE	SS OR	
Coal Miner		Co	al			
e STREET ADDRESS			2	1526		

Oakland	Cuppe	tt-Weeks	Mursin	ng Home
USUAL RESIDENCE (IF NUF 130. STATE Marvland	RSING HOME OR OTHER HISTITUTION 136 COUNTY Garrett	GIVE RESIDENCE BEFO 13c CITY OR TO Grants	WN	13d. INSIDE C
14 FATHER'S NAME				15 MOTHER'S

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for polity), and

IMMEDIATE CAUSE 10

antsville LAST Wilt

Fannie 17 INFORMANT

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

Burkholder ADDRESS

Nelson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN LIF YES GIVE WAR OR DATES No

PART I. DEATH WAS CAUSED BY.

16b. SOCIAL SECURITY NO 214-12-3384

Ned Wilt, West Salisbury, PA 15565

BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

YES |

IN CERTIFYING CAUSES OF DEATH?

Conditions, if ony, which gove rise to immediate cause tal, stating the underlying couse lost.

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

WHILE NOT WHILE

REGISTRAR 1. DECEASED NAME

To BIRTHPLACE I STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

3. SEX

Male

DUE TO, OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140

21b. TIME OF INJURY

PM

21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

White

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

211 LOCATION

22e ADDRESS

CITY OF TOWN

200 AUTOPSY?

NO

COUNTY STATE

NO [

22a.1 certify that (1) (this haspital) attended the-deceased from onw the deceased alive on obave, (h (we) (did) 226. SIGNATURE

B.L. Grant, M.D.

DEGREE ATTENDING \ MEDICAL PHYSICIAN

Oakland, MD

DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

MEDICA

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Bittinger Cemetery

23d. LOCATION CITY OF TOWN

21550

DHMH - 16 50M 1/81 (VRA 15, 4)

3-14-85 24 FUNERAL DIRECTOR Grantsville, MD

